

04-20-01

Express Mail Mailing Label No. EL653444064US

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

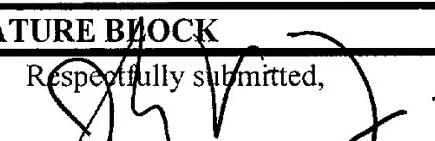
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	BSC-165
First Named Inventor	Haarala
Title	Catheter Slit Valves

<u>APPLICATION ELEMENTS</u>		<u>ADDRESS TO:</u> Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form		<u>ACCOMPANYING APPLICATION PARTS</u>
2. <input type="checkbox"/> Small Entity Status		
<input type="checkbox"/> Applicant claims small entity status		
<input type="checkbox"/> Status established in prior application and is still proper and desired		
3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 53]		
- Written Description - (26 pages)		
- Claims - (7 pages)		
- Abstract - (1 page)		
- Sheets of Drawings - (19 sheets)		
<input type="checkbox"/> Formal		
<input checked="" type="checkbox"/> Informal		
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]		
a. <input checked="" type="checkbox"/> Newly executed (original)		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))		
<i>(for continuation/divisional with Box 17 completed)</i>		
<i>[Note Box 5 below]</i>		
5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked)		
The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		
6. <input checked="" type="checkbox"/> Application Data Sheet		
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission		
<input type="checkbox"/> Computer Readable Copy		
<input type="checkbox"/> Paper Copy (identical to computer copy)		
<input type="checkbox"/> CD (identical to computer copy)		
<input type="checkbox"/> Statement verifying identity of above copies		
17. <input type="checkbox"/> If a CONTINUING APPLICATION, amend the specification by inserting on page 1, before the first line, the sentence: --This is a		
<input type="checkbox"/> continuation <input type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part of prior application Serial No. / , filed on , , the entire disclosure of which is incorporated by reference herein.--		
Priority to the above application(s) is claimed under 35 U.S.C. 120. Prior application information: Examiner: _____ Group/Art Unit: _____		
18. <input type="checkbox"/> Priority - 35 U.S.C. 119		
<input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.		
<input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____ / _____ on _____.		
<input type="checkbox"/> The certified copy will follow.		
<u>CORRESPONDENCE ADDRESS</u>		<u>SIGNATURE BLOCK</u>
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted,</p> <p><i>[Signature]</i></p> <p>John V. Forcier Attorney for Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>

FEE TRANSMITTAL
FY 2001

<i>Complete if Known</i>	
Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Haarala
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	BSC-165

METHOD OF PAYMENT		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	
3. <input type="checkbox"/> Applicant claims small entity status.		Fee Description	Fee Paid	
FEE CALCULATION				
1. FILING FEE				
Large Entity		Fee Paid		
Fee (\$)	Fee Description			
710	Utility filing fee	710		
320	Design filing fee			
150	Provisional filing fee			
	Number Filed	Number Extra	Rate	
Total Claims	70	- 20 = <u>50</u>	x \$ 18.00 =	900
Independent Claims	9	- 3 = <u>6</u>	x \$ 80.00 =	480
<input checked="" type="checkbox"/> Multiple Dependent Claim(s), if any			\$270.00 =	270
			TOTAL:	2,360
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1)		(\$)	2,360	
2. AMENDMENT CLAIM FEES				SUBTOTAL (3) (\$)
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total Indep.	- - =		x \$ 18.00 =	SUBTOTAL (1) 2,360
	- - =		x \$ 80.00 =	SUBTOTAL (2) 0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	SUBTOTAL (3) 0
			TOTAL: (\$)	
SMALL ENTITY DISCOUNT:		(\$)		
SUBTOTAL (2)		(\$)	0	TOTAL (\$)
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to:		Respectfully submitted,		
Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		 Date: April 19, 2001 Reg. No.: 42,545 Tel. No.: (617) 248-7675 Fax No.: (617) 248-7100 John V. Forcier Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110		